Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete	If Known	BECEIVED	_
				ication Number	09/980,355	(CENTRAL FAX CEN	TER
FEE TRANSMITTAL			Filing	Date	07/25/2002		DEC: 2.3.2009	
for FY 2008				Named Inventor	BASSET, Jea	n-Claude	DEC 2.3 2009	F
Applicant claims small entity status. See 37 CFR 1.27			27 Exam	niner Name	SCHNURR, John R.			•
			Art U	Init	2421			-
TOTAL AMOUNT OF PA	F PAYMENT	(\$) 540.00	Attor	ney Docket No.	SCP061792	-		-
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498								
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :								
Deposit Account Deposit Account Number: 07-0632 Deposit Account Name: THOMSON LICENSING LLC								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
⊠ Chan	ge fee(s) indica	ated below		Charge	e fee(s) indicate	d below, exc	ept for the filing fee	1
		nal fee(s) or underpaym	nents of fee(s	s) 🔀 Credit	any overpayme	ents	_	
WARNING: Information	er 37 CFR 1.16 on this form ma	y become public. Credit	card Informa	tion should not be	Included on this	form. Provide	credit card	
Information and author		(038.		700				-
		ND EXAMINATION	EEES					-
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SE						IATION FEES		
		Small Entity		Small Entity		Small Entit	_	
Application Typ			Fee(\$)	<u>Fee(\$)</u>	Fee(\$)	<u>Fee(\$)</u>	Fees Paid (\$)	1
Utility	310	155	510	255	200	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		1
2. EXCESS CLAIM FEES Small Entity								
Fee Description	<u>Fee (\$)</u>	1						
Each claim over 20 (including Roissues) 50							25	
Each independent claim over 3 (including Reissucs) Multiple dependent claims 370							105	
Total Claims Extra Claims Fee(\$) Fee Paid (\$					370 185 Multiple Dependent Claims			
20 or HP= x =							Fee (\$) Fee Paid (\$)	
HP = highest numb	er of total claims	paid for, if greater than 20	, –				P rec Faid (3)	1
indep. Claims		Claims Fee(\$		e Pald (\$)				
3 or	· · · · · · · · · · · · · · · · · · ·	x	· =					1
HP = highest numb	er of independen	t claims paid for, if greate	r than 3.					
3. APPLICATION S								1
If the specification a	nd drawings e	xcced 100 sheets of pa	per (excludi	ng electronically	filed sequence of	or computer		
listings unde	r 37 CFR 1.52	!(e)), the application si	ze fee due is	\$260 (\$130 for s	mall entity) for	each addition	nal 50	
Succes or ma	ction increor.	See 35 U.S.C. 41(a)(1)	(G) and 37 (CFR 1.16(s).				1
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = / 50 = (round up to a whole number) x							Fee Paid (\$)	
4. OTHER FEE(S)							Fees Paid (\$)	1
Non-English Specification. \$130 fee (no small entity discount)							rees Paid (\$)	İ
Other (e.g., late filing surcharge): Fee for Appeal Brief							540.00	
SUBMITTED BY								4
	the M			Besteven	· · · · · · · · · · · · · · · · · · ·	Telepho	one	-1
Signature flat flat				Regisiration No. (Allomoy/Agent)	40,677		14-8815	
Name (Print/Type) Paul P. Kiel						Date	12/22/18	7